

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030446

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 341

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)

CHAS. E. STILL HOSP

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

MO

b. COUNTY

GASCONADE

(mission)

c. CITY

OR

OWENSVILLE RT 2

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

4 1/2 MILE S WEST

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

JOHN

Middle

HENRY

Last

SCHALK

4. DATE

OF

DEATH

Month

SEPT

Day

2

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-25-01

## 9. AGE (last birthday)

61 yrs

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

GEN FARMING

## 11. BIRTHPLACE (City and state or country)

MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

AMERICA - U.S.

## 13a. FATHER'S NAME

FRITZ SCHALK

## 13b. MOTHER'S MAIDEN NAME

AGUSTA RENNIE

## 14. NAME OF HUSBAND OR WIFE

VICTORIA BRINKMAN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

72 VICTORIA SCHALK - OWENSVILLE MO

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Asphyxia and Sepsis

## INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Chronic Pulmonary Emphysema and

Bronchiectasis and Pulmonary Fibrosis

## DUE TO (c)

Chronic Bronchial Asthma

chronic

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis and Chronic Cor Pulmonale

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 8-27-62 to 9-2-62

and last saw him alive on 9-1-62

## Death occurred at 5:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dale Atterberry, Do.

## 22b. ADDRESS

Jefferson City Mo

## 22c. DATE SIGNED

9-2-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem. &amp; Burial

## 23b. DATE

5 Sept. 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

## 23d. LOCATION (City, town, or county)

Owensville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

GOTTENSTROTER FUNERAL HOME 2 September 1962 Owensville, Mo

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

D. Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10269

20370

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SEP 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Myford H H White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.